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ABSTRACT

This guide to alcohol and other drug abuse problems among individuals with deafness and hearing loss begins with a discussion of communication difficulties and methods. The guide considers the implications of alcohol and other drug use for individuals with hearing loss and then for individuals with deafness, and comments that prevention efforts should include information specific to the individuals' disability. Suggestions are offered for positive person-to-person interactions and interactions in group meetings and training sessions. Solutions are offered to access problems, and five myths about deafness and hearing loss are dispelled with factual information. Several organizational and printed resources are listed for use with this population, and the guide concludes with a list of 13 references. (JDD)

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A Look at Alcohol and Other Drug Abuse Prevention and...

DEAFNESS AND HEARING LOSS

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Deafness is the inability to hear and understand conversational speech with or without a hearing aid. Hearing loss is a condition in which the sense of hearing is defective but functional for ordinary life purposes (usually with the help of a hearing aid). There are approximately 2 million persons in the United States who are deaf. Another 20 million Americans have some degree of hearing loss. These numbers are increasing due to the aging of the population and the exposure of young people to damaging noise levels, especially from music.

It is important to understand that the major handicap is not the inability to hear, but the difficulty in communication. The way in which the person with a hearing loss will communicate depends on these factors:

- degree of hearing loss;
- age at which the hearing loss developed;
- residual hearing;
- language skills;
- speech abilities;
- family environment;
- educational background.

The communication problems are more complicated for the person who never heard speech than for those whose hearing loss developed at a later age. Speech develops as we imitate others and listen to the sounds we make. To improve communication, a person with a hearing loss may rely upon lip reading, manual communication, teletypewriters, or pads and pens. All methods are acceptable, if communication is achieved.

More About Deafness

Society has enforced a communication barrier for people who are deaf. The communication problems were either ignored or the person with deafness was sent to special schools or institutions. As a result of this separatism, people with deafness began to form a culture among themselves. They employed their own means of communication and sought each other's company. Even today 80% of people who are deaf marry within their own culture.

It is important to learn what type of school a person who is deaf learned communication skills. The different types include oral only schools and those using a total communication approach.

Oral Only School: This type of school was developed by authorities to solve the problem of isolation of people with deafness. A strictly oral mode of speech training is enforced. Speech reading and vocal training are taught and sign language is forbidden.

Total Communication School: This approach was developed from the philosophy that the all important goal was that a person who is deaf be able to communicate with anyone. Many leading teachers, including Thomas Gallaudet (for

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whom Gallaudet University was named), promoted this form of education. Sign language skills were strongly advocated, along with whatever means aided communication, including speech reading, vocal training and gesturing.

Sign language itself varies. American Sign Language (ASL) is growing in use. ASL is a subtle combination of hand, face and body movements to comprise vocabulary and grammar that are distinct from English. It should be noted that very few hearing people learn to sign, further increasing the barriers around communication. Other methods of manual communication include Manually Coded English and Pidgin Sign English.

It is also important to note that, for the person who is deaf, English is a second language. The person may have difficulty understanding written or spoken English. In fact, many of the abstract concepts and ideas which are used to talk about alcohol and other drug dependency do not translate into ASL (Finkelstein, 1990).

More About Hearing Loss

A person who has developed a hearing loss later in life may continue to use speech to communicate and may not use sign language. This person may also not associate with the deaf community or be involved in related activities.

The person with a hearing loss often relies on assistive listening devices, such as hearing aids, amplifiers, induction loops, etc. A hearing aid amplifies sound and can be beneficial for many, as long as some hearing remains. The aids help with volume but not necessarily with distinguishing sounds. Hearing aids require a period of learning and adapting and some people become sensitive to the amplified sound.

The Implications of Alcohol and Other Drug Use

Hearing Loss: There is an assumption that all hearing losses other than profound deafness are similar in nature. People with a moderate or mild hearing loss are often perceived as being no different from those who can hear. This inaccurate perception can result in the failure of treatment and prevention service programs to respond to the needs of people with a hearing loss (Buss, 1985).

On an individual level, this insensitivity to a person's special needs can lead to a negative self-perception and a sense of social stigma. The person with a hearing loss may withdraw from the hearing world or deny the existence of a hearing loss (Kearns 1989). These behaviors lay the groundwork for isolation, and the suggestion has been made that a high level of frustration may increase the incidence of alcohol abuse among people with a hearing loss (Harris, 1982).

Deafness: There has been insufficient research to date to understand the nature and scope of alcohol and other drug abuse problems among people who are deaf. Estimates suggest that alcohol use is at least comparable to that of the general population. This in itself is a problem, because people who are deaf do not have ready access to appropriate alcohol and other drug information or treatment (Sylvester, 1986).

Alcohol and other drug prevention materials frequently do not take into account the cultural, language, or communication differences indigenous to people who are deaf. The inability of social agencies, the legal system, and school/work environments to communicate appropriately with the deaf have enabled some people with this disability to escape the normal

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consequences of alcohol and other drug abuse, thereby perpetuating these problems.

There also is concern that people who are deaf have a strong desire to avoid the social stigma associated with alcohol and other drug abuse because it constitutes another negative label (Boros, 1981). This reluctance to address alcohol and other drug abuse issues leads to social isolation and even more problematic consumption.

Service Delivery: A lack of access to the spoken media has isolated the person who is deaf from information about alcohol and other drug abuse. Information may also have been misrepresented or suppressed.

Prevention efforts should include information specific to the person's disability. For example, the following points might be emphasized in discussions with a person who is deaf or has a hearing loss:

- The use of alcohol and other drugs can interfere with learning and developing effective social skills, which could increase feelings of isolation.
- It is important to learn effective ways to deal with stress and other problems and not use alcohol and other drugs to do so.
- When the hearing loss is progressive, alcohol and other drug abuse issues are compounded. A person must go through a transitional period of psychological adjustment when hearing is lost.

When a person with a severe hearing loss requires alcohol and other drug dependency treatment, it may necessitate specialized services established just for this disability. To be effective, a treatment program must provide much more than a sign language interpreter for some clients.

Suggestions to Improve Positive Interactions

Speak clearly and distinctly, but do not exaggerate or slow down unless asked.

Use a normal voice tone and provide a clear view of your mouth.

If an interpreter is involved, speak directly to the person with deafness—not the interpreter. Learn more about the role and proper use of a sign language interpreter.

Ask the person to repeat if you do not understand. If that does not work, use a pad and pen. Achieving communication is more important than the method.

Avoid standing in front of a light source (e.g., window) which might silhouette your face making it difficult to see.

Use facial expressions, body language, and pantomime.

Explain any interruption (phone rings, knock at door) before attending to it.

Learn how to find an interpreter on short notice.

Install a Telecommunication Device for the Deaf (TDD) in your reception area. Advertise its availability and learn how to operate it properly.

Encourage and support sign language instruction for all interested employees.

Avoid such offensive terms as deaf and dumb, deaf mute, or the deaf. Use persons with deafness or persons with a hearing loss.

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Additional Suggestions for Group Meetings or Training Sessions

Assign someone to take notes, if an interpreter is not available.

Use a round or oval table to allow for a good line of sight to all participants.

Arrange for the person with a hearing loss to sit near the speaker in lecture situations

Remind the lecturers to avoid pacing or talking with his or her back to the audience.

Maximize the use of visual aids, such as flip charts.

For a larger meeting, an induction loop could be used. This loop is a length of wire that is placed around the selected area (where people who have a hearing loss will be seated). The wire is connected to an amplifier and to the speaker's microphone. The magnetic field within the loop of wire is picked up by the telephone switch setting on a hearing aid and changed to sound. This system can only be used by people who are able to use a hearing aid and have the telephone switch.

A new method of transcribing oral communication is Real Time Captioning. A typist, using a computer and special equipment, enters the speech or presentation and the text is projected onto a movie screen for participants.

Possible Solutions to Other Access Problems

- For information commonly obtained through telephones, provide small sound amplification devices or install a TDD. Also learn how to utilize the dual-party relay service that is provided by the local telephone company. This service allows for unrestricted communication between any person with a TDD and any person without one, day or night.
- Publish written notices of events that once were announced only orally. Arrange to have messages that are delivered by a public address system relayed in writing.
- Provide paper and pencils at work stations involving public contact.
- Install visual warning lights for fire and burglar alarms and doorbells.
- Allow mail-in procedures to be used to request information or respond to inquiries.
- Use visual cues for signage.

Resources: To explore the issues related to communication, obtain a copy of *Communicating with Deaf People: An Introduction*, distributed by National Information Center on Deafness, Gallaudet University, 800 Florida Avenue, NE, Washington, DC 20002. Phone: (202) 651-5052, TDD (202) 651-5051.

To obtain information about sign language interpreters, contact the Registry of Interpreters for the Deaf, National Office, 8719 Colesville Road, Suite #310, Silver Spring, MD 20910. Phone: (301) 608-0050 Voice and TDD.

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MYTHS & **FACTS**

MYTH: *All people with a hearing loss lack the ability to speak.*

FACT: People who have lost their hearing after the development of speech have little difficulty speaking. Many persons with "prelingual" deafness have learned to use their voices in speech classes. This may present some initial difficulty for the listener to understand.

■

MYTH: *All people with a hearing loss can read lips.*

FACT: Many people with a hearing loss have had formal training in lipreading. Even hearing people rely heavily on lip-reading, but it is an imperfect process (about 30-40% accurate). It is rarely used in isolation of other communication methods.

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MYTH: *Hearing aids totally correct hearing loss.*

FACT: Hearing aids may improve hearing for many people with a hearing loss, but they are not corrective devices. It usually lessens the severity of the hearing loss.

MYTH: *People who are deaf use one system for communicating.*

FACT: In the United States, people who are deaf use a variety of communication systems. Among the choices are speaking, speechreading, writing, and manual communication. Manual communication refers to the use of manual signs and fingerspelling.

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MYTH: *Many people who are deaf have not even learned to speak. People who are deaf cannot be very bright.*

FACT: It is extremely difficult to learn to speak if a hearing loss occurs before speech develops. Many other persons with deafness who have some speech have not mastered the fine grammatical points of their second language—English. The problem is one of communication, not intellect.

REMEMBER

ASK AND LISTEN!

A person with
a disability
is the expert
about his or her
disability.

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Resources

Addiction Intervention with the Disabled, is a project that has been involved in the issue of alcohol and other drug abuse and deafness. To find out more about the material available, write c/o Alexander Boros, Department of Sociology, PO Box 5190, Kent State University, Kent, Ohio 44242. Phone: (216) 672-2440.

Volunteers in Prevention Promoting Education, Encouragement, Resources and Support (VIP PEERS) provides drug and alcohol prevention education for deaf and hearing-impaired junior and senior high school students. For more information about volunteer recruitment, curriculum and workshops, contact Substance and Alcohol Intervention Services for the Deaf, Rochester Institute of Technology, 50 West Main Street, Rochester, NY 14614. Phone: (716) 475-4978 Voice and TDD.

To explore the issues related to the alcohol and other drug dependency treatment, obtain a copy of the videotape: *Meeting the Challenge: Working with Deaf People in Recovery*. It can be ordered from The University of California Center on Deafness, 3333 California Street, Suite 10, San Francisco, CA 94143. Phone: (415) 476-4980, (415) 476-7600 TDD.

The Silent Living Series consists of, *Alcoholism and Deafness* and *Problem Solving at School*. For more information about these signing videotapes, contact Ron Kennedy, Silent Eagle Productions, 11303 15th Ave., NE, Seattle, WA 98125. Phone: (206) 367-9141 TDD, (206) 587-5500 Voice.

The Hope and Help Series includes the following videotapes: Tape #1 and #2: Special problems faced by the chemically dependent hearing-impaired person. Tape #3: Alcoholics Anonymous as a resource for the chemically dependent hearing-impaired person. Tape #4: Hearing-impaired people with a chemically dependent family member. Tape #5: Counselors and treatment staff serving chemically dependent hearing-impaired persons. Contact: Minnesota Documents Division, 117 University Ave (Ford Building), St. Paul, MN 55155. Phone: (612) 297-3000.

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This space has been provided for you. Make notes or write questions that you want to ask resource organizations or agencies.

For More INFORMATION

Organizations

Alexander Graham Bell Association for the Deaf
3417 Volta Place, NW
Washington, DC 20007
(202) 337-5220 Voice and TDD

American Academy of Otolaryngology / Head and Neck Surgery
1 Prince Street
Alexandria, VA 22314
(703) 836-4444

American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, MD 20852
(301) 897-5700 Voice and TDD

Better Hearing Institute
PO Box 1840
Washington, DC 20013
Hearing Helpline (800) 327-9355 Voice and TDD

Deafness Research Foundation
9 East 38th Street
New York, NY 10016
(212) 684-6556
(212) 684-6555 TDD

National Association of the Deaf
814 Thayer Avenue
Silver Spring, MD 20910
(301) 587-1788
(301) 587-1789 TDD

National Captioning Institute
5203 Leesburg Pike
Falls Church, VA 22041
(703) 998-2400 Voice and TDD

National Easter Seal Society, Inc.
70 East Lake Street
Chicago, IL 60612
(800) 221-6827
(312) 726-4258 TDD

National Information Center on Deafness
Gallaudet University
800 Florida Avenue, NE
Washington, DC 20002
(202) 651-5052
(202) 651-5051 TDD

National Technical Institute for the Deaf
Rochester Institute of Technology
1 Lomb Memorial Drive
PO Box 9887
Rochester, NY 14623
(716) 475-6400
(716) 475-2181 TDD

Self-Help for Hard of Hearing People (SHHH)
7800 Wisconsin Avenue
Bethesda, MD 20814
(301) 657-2248
(301) 657-2249 TDD

Government Agency

The National Institute on Deafness and Other Communication Disorders
National Institutes of Health
Building 31, Room 3C35
Bethesda, MD 20892
(301) 496-7243
(301) 402-0252 TDD

Community Contacts

Many of the listed organizations have state and local chapters.

To locate additional resources, contact your state Governor's Committee of People with Disabilities

or obtain a State Resource Sheet from
National Information Center for Children and Youth with Disabilities
PO Box 1492
Washington, DC 20013
(703) 893-6061 • (800) 999-5599 • (703) 893-8614 TDD

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This information was developed as a part of a set of materials on alcohol and other drug abuse prevention and disability. Other documents on specific topics are available upon request.
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